

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 16/12/2020 18:37 (SGT)  
Date of Accident ..... 15/12/2020 14:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CENTRAL EXPRESSWAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKC231D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CARE AUTO PTE LTD  
Company Reg No ..... 2XXXXX436G  
Email Address ..... LEEJUNHA097@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90271084  
Alternative Phone No ..... +65-90271084

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... VOLKSWAGEN / NEW GOLF 1.4 AT 5K13G5  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5117863523  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEONG ZHI RUI  
NRIC No ..... SXXXX859B  
Date Of Birth ..... 08/11/1995  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/12/2015
Driving experience .....	5 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90271084
Alt. Phone Number .....	-
Email Address .....	darren_cze@hotmail.com
Address .....	25 MARSILING DRIVE #08-213
Address complement .....	-
Postcode .....	730025
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	GRAB PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	GRAB PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.F/20201215/7028;

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMH6398S
Vehicle Manufacturer .....	Kia
Vehicle Model .....	KIA / CERATO 1.6(A) EX
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLX9685X
Vehicle Manufacturer .....	Honda
Vehicle Model .....	HONDA / FIT 1.3GF CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLK1475G
Vehicle Manufacturer .....	Honda
Vehicle Model .....	HONDA / VEZEL HYBRID 1.5X AUTO
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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- 7) By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:
  - a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
    - i. Processing, handling and/ or dealing with my claims including settlement of the claims and any necessary investigations relating to the claims;
    - ii. Investigating the accident and/ or my claims;
    - iii. Carrying out and/ or dealing with my instructions or responding to any enquiries by me;
    - iv. Administering my claims (including the mailing or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
    - v. Complying with applicable law in administering, processing, handling and/ or dealing with my claims. (Collectively the "**Purposes**")
  - b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes; and
  - c) my Personal Information may/ can be disclosed by any of the insurers and/ or GIA to their third party service providers or agents (including their lawyer/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
  - d) My Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - e) The information so collected under (d) above may be shared/ disclosed:
    - i. To all insurers and/ or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature  
Date & Time:

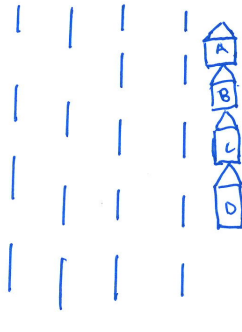
Driver's Signature  
(If driver is not policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN No: 16 DEC 2020

SKETCH PLAN

CTE/SHE BERDIE AMK AVE 1



Vehicle A: SKC221D  
Vehicle B: SMH6398S  
Vehicle C: SKX 9625X  
Vehicle D: SKX 14756

Refer to police report no. R/2020/215/7023

DECLARATION

I/ We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*[Handwritten signature]*

Driver's Signature  
(If driver is not policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN No: 16 DEC 2020



























**SINGAPORE  
POLICE FORCE**



F/20201215/7028

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20201215/7028

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 15/12/2020 16:02	Vide Report No.	Station Diary No.
Name Of Informant CHEONG ZHI RUI	Address 25 MARSILING DRIVE #08-213 SINGAPORE 730025	
ID Type / ID No. NRIC NO / S9542859B	Contact No. Home/Office:	Mobile: 97654221
Nationality SINGAPORE CITIZEN	Email Address DAREN_CZE@HOTMAIL.COM	
Occupation PHV DRIVER	Sex Male	Age 25
Institution/School Name	Date of Birth 08/11/1995	Race Chinese
Date/Time Of Incident 15/12/2020 14:05	Location Of Incident CENTRAL EXPRESSWAY	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SKC231D with 2 passengers on board.

We were belted.

We were travelling straight on the first lane from the right towards cte/sle before Ang Mo Kio ave 1.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2020 16:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20201215/7028

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20201215/7028

I gradually came to a stop due to the traffic conditions. When I was about to move off, suddenly, I felt a huge impact from the rear and caused my vehicle to surge forward.

I alighted to realised that I was involved in a 4 car collision involving:

1. SKC231D
2. SMH6398S
3. SLX9685X
4. SLK1475G

Later that afternoon, I felt soreness on my neck, head, shoulder and chest areas. So I went to intermedical 24hr clinic amk to seek immediate medical treatment and was given 3 days mc.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2020 16:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

